

Revised Manifest Summary Report

**INGLEWOOD CITY OF
CITY OF INGLEWOOD**

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
08/25/1988		87119090		917.4	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .4587

08-23-88

SHIPPER 18335

Department of Health and Welfare
Toxic Substances Control Act
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No. **CAD 982001323** Manifest Document No. **18335**

2. Page 1 of 1

Information is not required for this form

3. Generator's Name and Mailing Address

CITY OF INGLEWOOD

222 W. BEACH., INGLEWOOD, CA 90302

4. Generator's Phone **213 412-5409**

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6. US EPA ID Number

CAD 042 245 001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD

WHITTIER, CA 90602

10. US EPA ID Number

CAD 042 245 001

A. State Manifest Document Number

87119080

B. State Generator's ID

C. State Transporter's ID

904879

D. Transporter's Phone **(213) 698-0991**

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAD101424519011

H. Facility's Phone **(213) 698-0991**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
WT/Vol

15. Waste No.

a. **FLAMMABLE LIQUID N.O.S. NA 1263
(WASTE PAINT RELATED MATERIAL)**

002

DM

001/10G

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

01

b.

c.

d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ANTONIO Sales

Signature

Antonio Sales

Month Day Year

08/21/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert J. CRAWFORD

Signature

Robert J. Crawford

Month Day Year

10/8/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

10/8/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7650

Revised Manifest Summary Report

CITY OF INGLEWOOD/PUBLIC SERVICES
CITY OF INGLEWOOD, PUBLIC SERVICES

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
05/21/1990		89915644		4670.4	LBS		CMP		
06/01/1990		89915641		250.2	LBS		CMP		

Total Records: 2

Default Volume: 0

Total Waste Volume: 2.4603